

## Corrigendum

# Corrigendum to “Periorbital facial rejuvenation; applied anatomy and pre-operative assessment” [J. Curr. Ophthalmol. 29 (3), (September 2017) 154–168]

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The authors regret to inform a few displaced figures in our manuscript. While text and figure legends are correct, the following 4 figures should be re-placed.

Figure 15 should be figure 12.

Figure 12 should be figure 13.

Figure 13 should be figure 14.

Figure 14 should be figure 15.

The correctly renumbered figures are also provided below.



Fig. 12. The two most common causes of lateral hooding are lateral eyebrow ptosis (left, arrows) and lacrimal gland prolapse (right, arrow).

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Authors obtain inform consents from the patients to publish their photoes.

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Fig. 13. Eyelid-globe vector assessment. In the lateral view, a line dropped from the supraorbital rim to the infraorbital rim. Positive vector is when the cornea is posterior to this line (left), neutral vector is when they touch (middle), and negative vector is when the corneal apex is anterior to the line (right).



Fig. 14. Asymmetric eyebrow ptosis and higher tarsal plate show on the left side point out the possibility of left upper blepharoptosis.



Fig. 15. While patients with lower hair line (left) are good candidates for endoscopic upper face lifting, other forehead and eyebrow procedures should be sought for patients with high hairline (right).

The authors would like to apologize for any inconvenience caused.